

LEMEN (J. R.)

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Treated with Dr. Paquin's
Antitubercle Serum.

RECOVERY.

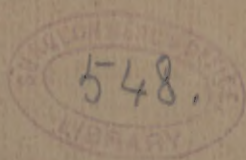
BY

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Professor of Physical Diagnosis and Therapeutics in
the Marion Sims College of Medicine.

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A CASE OF ACUTE TUBERCULOSIS
TREATED WITH DR. PAQUIN'S ANTITUBERCLE SERUM.
RECOVERY.

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To the kindness of Dr. Lloyd Simpson, the attending physician, with whom I saw the case reported below a number of times in consultation, I am indebted for these full notes :

R. C. G., aged sixty years, was attacked with *la grippe* March 17, 1895. Two days later, March 19th, I visited the patient in consultation with Dr. Simpson. We found pneumonia of left lung, lower lobe ; the respirations twenty-six in a minute ; temperature, 104.5° F. ; urine, dark color, rather small quantity ; specific gravity, 1.025 ; and upon examination by microscope, blood and pus corpuscles were found.

March 20th.—Dr. Simpson, Dr. Tuholske, and myself saw the patient. The pneumonic process had extended, the left lung being quite extensively involved ; respirations, 30 in a minute ; temperature, 104.5° .

The pneumonia continued until the ninth day, the temperature ranging 103.5° in morning, 104.5° evening ; the respiration during the pneumonia ranging between 30 and 48 in a minute. The temperature and respiration returned to

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normal in nine or ten days, the lung cleared up, and the patient improved for some days, when the temperature commenced to be irregular, falling below normal in the morning, 97° , and rising from 101.5° to 102.5° in the evening. The cough returned so that the paroxysm became very severe, a tough, fibrinous sputum being expectorated. This later changed to frothy mucus. The area of dullness over the left lung again increased so that the dullness extended almost to the apex; night sweats were very severe, and the patient's general condition was grave. Upon further consultation Dr. H. Tuholske, who was again called, together with Dr. Simpson and myself saw the patient on April 19th, when tubercular infection was suggested by Dr. Tuholske as the possible explanation of the symptoms present at that time. A specimen of sputum was preserved and examined by Dr. Ravold, the board of health microscopist, who reported a large number of tubercle bacilli present, and the case was diagnosticated as one of acute tuberculosis.

Upon report of this condition to the family they desired additional medical aid, and asked that Dr. P. G. Robinson meet us in consultation; and on April 22d, Dr. Robinson, Dr. Simpson, and myself saw the patient and substantially the same condition reported above was found—acute tuberculosis—Dr. Robinson remarking that “the outlook for the patient's recovery was very gloomy, but that the treatment to be tried was the Paquin antitubercular serum, as suggested by Dr. Lemen,” so that the serum was commenced on this date, April 22d, and thirty drops given him, the temperature at this time being 102.5° . On April 23d another injection was given, the temperature falling to 100° . This treatment has been continued ever since. The temperature became normal on the fourth day of treatment, the cough improved, the patient slept much better, and has continued to improve. After taking serum for two weeks, however, there was a slight, painful swelling of the left ankle, which was supposed to be due to the serum. This continued for two weeks and then disappeared.

May 10th.—The temperature of the patient rose daily to

100.5° for three days, and then became normal; this rise was ascribed to serum. The appetite has been good since improvement began, and the patient has gained flesh, weighing at this time a hundred and eighty pounds, a gain of about forty pounds. On July 1st a specimen of sputum was given to Dr. Ravold, of the city board of health, who reported no bacilli. Again, on July 7th and July 12th, specimens were examined by the same party, and no bacilli were found.

Thus, taking the three examinations without finding bacilli, and the fact that the improvement of the patient has been so remarkable, it seems to me that the chances are that the bacilli have entirely disappeared, and, considering the condition of the lungs, the fact that they have cleared, and that the patient is now getting plenty of air and is breathing well, I certainly think that the marked improvement must be due to the serum treatment, as I have never before seen a case of acute tuberculosis improve much under any treatment, and then only temporarily, with the same termination, death, as the inevitable outcome of the struggle.

I do not want to seem over-sanguine in regard to this treatment, but the results obtained in this case, and the benefit to three other patients that I have under my care, lead me to believe that much may be expected from serum therapy in the future.

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